

FINAL REPORT FORM



Required Information:

Name of Applicant _____

Grant /Application # FY 0- / - - - - _____

Final Report Due Date _____ Grant Amount \$ _____

(Your grant/application number is located on your award letter)

Final Reports provide the Iowa Arts Council valuable information that is used in our annual reports to the National Endowment for the Arts, the Iowa General Assembly, and in our granting programs. The Final Report is a contractual obligation of all grantees. Completion of the Final Report informs the Iowa Arts Council of the actual result of your grant project. It also provides you the opportunity to assess your project. Your assessment is important to the Iowa Arts Council and will not affect future applications as long as the grant activity was completed in compliance with the Iowa Arts Council Service Contract.

The Final Report is to be completed and returned to the Iowa Arts Council within 30 days after the ending date of the grant activity.

Failure to submit this report will jeopardize future grant funds.

Mail this Final Report and all attachments to:

Grants Office, Iowa Arts Council, 600 E Locust, Des Moines, IA 50319-0290

DO NOT SEPARATE THE PAGES OF THIS FORM. ALL PAGES MUST BE RETURNED AND ALL QUESTIONS ANSWERED.

Please type or legibly print your responses

Sorry no faxes or emailed reports will be accepted (we must have original signatures).

Return any unspent grant funds with your Final Report (write the grant number on the check and make it payable to the Iowa Arts Council).

If you have any questions about this report please contact: Linda Lee at 515-242-6194 or email at linda.lee@iowa.gov

REPORT CHECKLIST *Check the items you have included in this Final Report package.*

<input type="checkbox"/> (REQUIRED) Final Report Form & Budget
<input type="checkbox"/> (REQUIRED) Final Report Narrative
<input type="checkbox"/> (OPTIONAL) Detailed breakdown of budget (expenses and income)
<input type="checkbox"/> (REQUIRED) One copy of all letters or emails sent to legislators
<input type="checkbox"/> (REQUIRED) Documentation of the project (i.e., a sampling of photographs, newspaper clippings, promotional materials, programs, or other printed materials that document that the project occurred as described). Include any finished products if your grant was provided to support production of a audio or video tape, book, or compact disc.
<input type="checkbox"/> (IF APPLICABLE) A check for unspent grant funds (payable to the Iowa Arts Council). Include the grant number on the check.

ASSURANCES

I certify that the information contained in this Final Report, including all attachments and support materials, is true and correct to the best of my knowledge. I am authorized to legally obligate this grant recipient.

Signature (original, in ink) of Legal Authorizing Official of the Grant Recipient _____ Date _____

Type or Print Name and Title of the Above Person: _____

Daytime Phone: _____ - _____ Email Address: _____

Section 1: FINAL REPORT NARRATIVE

Answer the questions in the order they are listed. Begin each section with the corresponding letter and underlined heading.

Type your grant number and name at the top of each page.

Use no more than two sheets of white 8 ½" x 11" paper, with a type font no smaller than 12 point.

- A. Project Summary. Did the grant activity take place as described in your original application? If no, describe the change(s) and reasons.
- B. Success/Barriers. How successful were you in meeting the goals and objectives as outlined in the original application? Describe what contributed to the grant activity's success, and/or what barriers there were.
- C. Anecdotal Information. Include any anecdotal information (successes, criticism, comments by participants, etc.) pertinent to the success of your grant activity.
- D. Comments and Suggestions. Is there anything you would like the Iowa Arts Council to know in order to help improve and/or strengthen our grant programs?
- E. Documentation of the Project. Attach copies of photographs, newspaper articles or other finished products such as a audio or video tape, book, or compact disc. Also provide any additional written report or evaluation of the project.

Section 2: FINAL REPORT STATISTICS

Information in this section is used in reports to the National Endowment for the Arts and the Iowa legislature.

<p>A. <u>RACE/ETHNICITY OF GRANT RECIPIENT.</u></p> <p><u>For Individual Grant Recipients:</u> Check <i>any combination</i> of these characteristics that apply.</p> <p><input type="checkbox"/> Asian (A) <input type="checkbox"/> Black/African American (B) <input type="checkbox"/> Hispanic/Latino (H) <input type="checkbox"/> American Indian/Alaska Native (N) <input type="checkbox"/> Native Hawaiian/Pacific Islander (P) <input type="checkbox"/> White (W)</p> <p><u>For Organization and School Grant Recipients:</u> Check <i>ONE of the following</i> that best represents <i>at least 50 percent</i> of your staff, board or membership.</p> <p><input type="checkbox"/> Asian (A) <input type="checkbox"/> Black/African American (B) <input type="checkbox"/> Hispanic/Latino (H) <input type="checkbox"/> American Indian/Alaska Native (N) <input type="checkbox"/> Native Hawaiian/Pacific Islander (P) <input type="checkbox"/> White (W) <input type="checkbox"/> General – no single group above represents 50% or more (99)</p> <p>B. <u>PROJECT RACE/ETHNICITY.</u> If the majority of the grant activities involve or act as a clear expression or representation of the cultural traditions of one particular group, OR deliver services to a designated population listed below, please check that group. If the grant activity was not designated to represent or reach any one particular group, please check "99."</p> <p><input type="checkbox"/> Asian (A) <input type="checkbox"/> Black/African American (B) <input type="checkbox"/> Hispanic/Latino (H) <input type="checkbox"/> American Indian/Alaska Native (N) <input type="checkbox"/> Native Hawaiian/Pacific Islander (P) <input type="checkbox"/> White (W) <input type="checkbox"/> No single group (99)</p>	<p>C. <u>INDIVIDUALS BENEFITTING.</u></p> <p>_____ Total number of individuals/audience members who benefited from this project. (<i>Include all people directly involved in the funded activity: artists, audience members, and other project participants. DO NOT double-count repeat attendees. Include actual audience members based on paid/free admissions or seats filled – avoid inflated numbers. If you cannot provide actual figures or reliable estimates, leave this field blank or enter a "-1."</i>)</p> <p>Of this total number, how many were:</p> <p>_____ Children/Youth _____ Artists (<i>Living artists who actively participated in the project. Do not include technical, managerial, or administrative support.</i>) _____ Iowa Artists</p> <p>D. <u>PROJECT DESCRIPTORS.</u> Mark any of the following that comprised <i>50% or more</i> of your grant's resources/activities.</p> <p><input type="checkbox"/> <u>Accessibility (A):</u> <i>Services related to ADA/504 compliance or other activities designed to increase access to the arts for persons with disabilities.</i></p> <p><input type="checkbox"/> <u>International (I):</u> <i>Any of the following activities: foreign artists visiting the USA, any cultural exchange program, linkages with artists or institutions in other countries, or establishing/administering international programs in your own agency.</i></p> <p><input type="checkbox"/> <u>Presenting/Touring (P):</u> <i>Activities involving movement of artists/artworks for performances, readings, screenings, exhibits, etc., in different geographic areas. Includes either hosting/presenting of works originating outside your community OR fees paid to support your own individual or organizational touring to different areas.</i></p> <p><input type="checkbox"/> <u>Technology (T):</u> <i>Use of technology for creation or dissemination of artworks or for organizational management purposes.</i></p> <p><input type="checkbox"/> <u>Youth at Risk (Y):</u> <i>Activities designed primarily to serve at-risk youth, including arts-related intervention programs (for violence, drug/alcohol abuse and crime) as well as other creative programming specifically involving at-risk youth as primary project participants or beneficiaries.</i></p>
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Section 3: Actual Final Budget

Complete this budget form, totaling the actual expenses of your grant activity. Round off amounts to the nearest dollar. EZ 1-2-3 Grants must provide CASH match only. In-Kind match is not accepted.

EXPENSE CATEGORIES	Columns A & B: GRANTEE MATCH		Column C: \$ Amount Paid By IAC Grant	Column D: Total Expense \$ Amount
	Column A: Cash Match \$ Amount	Column B: In-Kind Match \$ Amount		
Staff/Employees. <i>Your organization's administrative, artistic and technical/production employee salaries, wages and benefits specifically connected to the project. Individual artist recipients: list your own salaries/fees in this section.</i>				
	\$	\$	\$	\$
	\$	\$	\$	\$
Outside Fees & Services. <i>Payments made for either artistic or non-artistic services of individuals who are not considered employees of your organization (e.g., residency artists, participating artists, consultants or employees of other organizations whose services are specifically identified with the project).</i>				
# of lowans _____	\$	\$	\$	\$
# of Non-lowans _____	\$	\$	\$	\$
Space Rental. <i>Rental of office, rehearsal, theatre, hall or gallery space identified with the project.</i>				
	\$	\$	\$	\$
	\$	\$	\$	\$
Travel. <i>Fares, hotel and other lodging expenses, food, taxis, gratuities, per diem payments, toll charges, mileage, allowances on personal vehicles, and car rental costs identified with the project.</i>				
	\$	\$	\$	\$
	\$	\$	\$	\$
Marketing. <i>Costs for marketing/publicity/promotion specific to the project. Include costs for newspaper, radio and television advertising; printing and mailing of brochures, flyers and posters; and food, drink and space rental when directly connected to project promotion, publicity or advertising.</i>				
	\$	\$	\$	\$
	\$	\$	\$	\$
Other Expenses. <i>All expenses not entered elsewhere and specifically identified with the project. Include materials, equipment rental, supplies, costumes, fundraising expenses, electricity, telephone, storage, postage, interest charges, publication purchases, insurance fees, shipping expenses not entered under "Travel," etc.</i>				
	\$	\$	\$	\$
	\$	\$	\$	\$
Column A & B Subtotals:	\$	\$		
Total of column A&B:	\$		\$	\$
	Total Grantee Match		Total Paid by IAC Grant	Total Expenses
	<i>Add amounts listed in Columns A & B.</i>		<i>This total must not exceed the amount of your grant.</i>	<i>This amount must equal the total of columns A+B+C.</i>

Section 4: Sources of Grant Recipient Cash and Inkind Match

Please identify sources of **income** for the Match amounts you listed **above** in Section 3, Columns A and B.

	Column A-1 Cash Amount	Column B-1 In-Kind Amount
Earned Income <i>(admissions, sales, memberships, etc. used for the grant project.)</i>	\$	\$
Contributed Income <i>(other grants and contributions from individuals, corporations, or foundations used for the grant project)</i>	\$	\$
Public Funds <i>(Any other city, county, state or federal dollars used for the grant project – do not include your IAC grant amount here.)</i>	\$	\$
Totals:	\$	\$
	<i>(must equal total of Column A, above)</i>	<i>(must equal total of Column B, above)</i>

End of form. Please attach your Final Report Narrative and other related information referred to in the above Report Checklist.